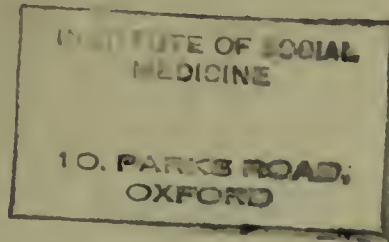


Acc. 9459

42/9/3.
1103.



RUTLAND COUNTY COUNCIL

EDUCATION COMMITTEE

-----***-----

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER
FOR THE YEAR

1946
=====

R U T L A N D C O U N T Y C O U N C I L
E D U C A T I O N C O M M I T T E E

-----***-----

REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1946.

The main activity of the medical side of the Ministry of Education concerns itself with the arrangements to be adopted for the teaching of handicapped children. Included among these are blind and partially sighted children, deaf and partially deaf children, delicate children (including those with sub-normal nutrition, anaemia, chorea, debility following infectious disease, chronic pulmonary conditions, other than tuberculosis, such as bronchiectasis), diabetic pupils, educationally sub-normal children, epileptic children, comprising both major and minor epilepsy. A child who has severe nocturnal fits at night only may continue to attend ordinary school, while on the other hand a child with minor epilepsy may require residential accommodation. Maladjusted pupils are emotionally unstable or show psychological disturbance. Backward children should not be included in this category. Physically handicapped children include children who have been treated in sanatoria, orthopaedic, and heart hospitals. They overlap with delicate children but are more severely afflicted. Children with speech defects include those who stammer, those with aphasia; those with defect of voice or articulation not due to deafness. Aphasic children are those who have no defect of hearing but who speak either very indistinctly or not at all. They exhibit a certain amount of confusion in their expression of written language.

After the age of two a parent may compel the Authority to provide education for his child although the child is not at this age at school, but most of the cases will receive no attention until admission to school. The school teachers must call the attention of the School Medical Officer to them, who will advise the Authority. An Educational Psychologist must be appointed. The following estimate is given :-

Blind children	0.2 to 0.3 per 1000 registered pupils.		
Partially sighted children	1 per 1000	"	"
Deaf children	0.7 to 1 per 1000	"	"
Partially deaf children	1.0 per 1000	"	"
Delicate children	1 to 2 per 1000	"	"
Diabetic children	No estimate		
Epileptic children	0.2 per 1000	"	"
Educationally subnormal	10 per cent of 1000	"	"
Maladjusted children	1 per cent of 1000	"	"
Physically handicapped	5 to 8 per 1000	"	"
Children with speech defects	1.5 to 3 per cent of 1000	"	"

Our numbers of handicapped children are as follows :-

There are no totally blind children in the County. There are three partially blind children. One - a boy aged 9 - is in residence at Leicester Stoneleigh School for the Blind; a second has lost one eye through accident. He has been provided with a glass eye; the vision in the other eye is good, and the third is a girl who has congenital cataract. There are no deaf or partially deaf children in the County.

There is one diabetic girl whom I discovered in school some years ago. She is now just under 16 and is being provided with insulin by the Rutland Education Committee.

The 28 educationally subnormal children include 14 boys and 14 girls who are attending primary schools. One - a boy between 12 and 13 years - had to be excluded on account of violent conduct and difficulty in holding his water. His parents refuse treatment and will not consent to him going to a Special School.

There are three epileptic pupils. One was sent by you to St Elizabeth's School, Much Hadham, Herts. One girl is still attending a primary school, and the third was at the Countesthorpe Homes in Leicestershire but is now at the Oakham Public Assistance Institution, and we are trying to find accommodation for her in a School for Epileptics.

Two girls - one with a tuberculous hip and the other with a tuberculous knee - are in residence in Hospitals, the first at the Children's Hospital, Gringley-on-the-Hill, Doncaster, and the second at the Manfield Orthopaedic Hospital. Two boys with Perthe's Disease, after a long stay at the Manfield Orthopaedic hospital, are now attending primary schools.

A girl with spastic paraplegia of both legs and the right arm is, after treatment at the Manfield Hospital, attending school.

One boy between 10 and 11 years suffering from spina bifida is attending an Independent School after prolonged attendance by the Manfield Hospital authorities.

Under the heading of Delicate Children there are three boys who are suffering from asthma. Two are in residence at St John's Open-air School, Woodford Bridge, Essex, and the third is on the waiting list for admission to that Institution.

There is one girl with congenital heart disease who was in Stamford Infirmary from 6-5-46 to 22-6-46 under the care of Dr J. Brown, the Heart Specialist of Grimsby.

There are four cases of speech defect, all of whom could have been treated non-residentially.

Several authorities should combine to send blind children to a School, which should treat children of all ages distributed among five classes. Partially sighted children should be sent to day or boarding schools devoted entirely to the partially sighted and not admitting the totally blind. The less seriously affected should remain in the ordinary school. Special precautions must be taken.

The child's desk must be well lighted and he must see the blackboard clearly. Exercise books without lines should be provided and thick, soft black pencils. A magnifying lens should be used in reading.

Combination of several authorities is required for the Deaf as for the Blind.

For the partially deaf education in ordinary schools should be provided, supplemented by hearing aids and lip reading instruction given by the speech therapist. This should be tried for six months. The child, if improvement is unsatisfactory, should be sent to a special school.

Every urban authority should have an open-air school to which delicate children should be sent for six months to two years, or to residential schools for children in rural areas.

Diabetic children should live in hostels in close touch with a diabetic clinic. Teachers in the hostels must regulate the amount of sweets taken. Only a few hostels will be required for the whole country.

Educational retardation is then studied. It is due, among other causes, to late and bad attendance, frequent changes of school, keeping of late hours, and unsatisfactory school conditions which render individual attention by the teachers difficult.

A child may be regarded as educationally subnormal if he or she is two years behindhand. A child 50 per cent below the average must be regarded as uneducable. On no account should such children be retained in school. They should be reported to the Mental Deficiency Authority.

In the larger urban areas 1 per 1000 of the children will have to be educated in special boarding schools. These schools must house at least 100 children in 5 special classes of 20 each. The intelligence quotient of these children should be between 55 and 75. Some of those in the 70% quotient, if stable and possessing a good home and parents, might remain in an ordinary school. Where a special class is arranged for such children they should not be segregated from the other children as regards the general life of the school, eating, sports, gymnastics, and other cultural activities, such as music.

In the smaller urban or rural districts a special day school is out of the question. Boarding schools will have to be provided on the basis of 4 per 1000 registered pupils.

In the small rural schools, after the mentally defective have been referred to the local authority and the more seriously retarded children sent to boarding schools, there will remain a few children who must be taught by the usual staff, assisted by specialists. The teachers must have special instruction.

As regards epileptics, there are already six schools in existence, and about two more will solve the question for the whole country. If the intelligence of the epileptics is below 60 per cent they should be referred to the Mental Deficiency Authority.

Maladjusted children should be given tuition by the Psychologist for an hour or so a week. This will inspire the child with confidence. He may be transferred to another ordinary school. So far only two authorities have established day schools for maladjusted children. Maladjusted children may be boarded out with foster-parents who are carefully selected and who are inspected at regular intervals by a specially appointed officer, who is usually connected with the Child Guidance Clinic. Hostels for these children are strongly recommended. The children attend ordinary schools in the neighbourhood.

Physically defective children, especially cripples should, after treatment in an orthopaedic hospital, be sent to a boarding school for a period.

With regard to speech defects, aphasic children have in the past been educated at schools for the deaf, but it is an open question whether this is the best method. Stammerers should be treated at the school clinics. Treatment is required twice a week for 20-30 minutes. Two or more years of treatment are required and only 50 per cent are cured; 20 per cent will be improved.

Defects of articulation not due to deafness or mental defect require treatment for 6-15 months.

Remarks are made as to the qualifications of teachers.

For those other than the blind or deaf no special course of training is required. Understanding, sympathy, and devotion to the job is not enough. Pity for the afflicted may be harmful. The teacher must be fresh, vigorous, and emotionally normal. Those in training colleges should be given instruction which will render them able to detect handicapped children. Those specially interested should be recruited for special schools and classes.

The pamphlet ends by assuring the ratepayers that the vast majority of the handicapped can, with appropriate education, become self-supporting.

The problem of juvenile delinquency is not dealt with, but is one which is causing much anxiety. Some of these delinquent children are mentally defective. If the defect is slight special attention and care at school may be tried. If he is more retarded, attendance at a day or residential school should be adopted. If the child is unruly he or she must be referred to the local mental deficiency authority. If the main difficulty is one of temperament, an endeavour should be made to join a club or a scout association. Probationer officers are willing in some cases to accept responsibility for supervising difficult children. Corporal punishment, if administered by the parent or school teacher, is valuable, but is harmful if administered by a police officer.

Psychoneurotic cases are of interest. They occur among good children who steal and are often due to some sexual anxiety. Such cases must be referred to the Psychotherapist who, in consultation with a physician and psychiatrist will settle on the line of treatment. Vagrancy is often caused by an unhappy home. A parent may be a "street angel" but a "house devil."

Visits to Schools

The work of medical inspection has proceeded on the same lines as in previous years. I have paid 135 visits to the schools, as compared with 123 in 1945; 160 in 1944, and 193 in 1943. 32 visits were paid for the purpose of re-inspection, 35 for immunisation, 18 for special examinations, and 50 for routine medical inspections.

NUMBER OF CHILDREN EXAMINED

The number of children examined is as follows :-

<u>Age Group</u>	<u>1946.</u>	(<u>1945</u>)
Entrants	269	(254)
Intermediates	227	(245)
Leavers	194	(162)
Other Routine Inspections	0	(6)
Special Inspections	35	(52)
Re-inspections	253	(438)
Total :-	978	(1157)

Fifty-five children were absent from school on the day appointed for the examination. This was due to illness and to their being absent on cooking lessons.

472 of the 600 children examined in the routine groups were accompanied by one or other of their parents or guardians, a percentage of 65. a slight decrease on last year's figure of 67.

Some time ago I suggested that the scholars from the secondary schools might be examined in the village schools where the parents lived, but you did not see your way to disturb the school routine.

THE WORK OF THE SCHOOL NURSE

The average number of visits paid to each school and department was 3.9 (155 visits were made). 5,163 examinations were made for cleanliness, as compared with 5,731 in 1945. 83 individual children were unclean, as compared with 94 in 1945, and 88 in 1944.

5 children were cleansed by the Nurse as compared with 14 last year. 180 minor ailments were treated by Nurse Neal, the School Nurse, as compared with 240 in 1945. These included 28 cases of scabies, 64 cases of impetigo, 8 cases of ringworm of the body, 6 of other skin disease, 38 cases of cuts, bruises, septic sores and minor injuries, 24 cases of minor ear defects, and 12 cases of minor eye defects.

Much of Nurse Neal's time has been taken up in assisting me in the work of inspection and re-inspection, in taking children to Stamford, Oakham, and to the Orthopaedic Out-patients Clinics at Peterborough, where 56 children received attention during the year. 4 of these cases were discharged in 1946. Most of the cases who attended the Clinic were children with extreme flat feet (41 in number): there was one case of paralysis, 1 of spinal curvature, 4 of hammer toes, 1 of deformity of the shoulder, 1 of tuberculous knee, 3 cases of deformity of the hip, and 2 of Perthe's disease.

N U T R I T I O N

Among the 690 children examined in the Entrant, Intermediate, and Leaver Group 36, or 5.3%, were of excellent nutrition; 638 or 92.4% were of normal nutrition; 11 or 1.6% were slightly subnormal, and 5, or 0.7% were of poor nutrition.

There were therefore 16 cases of malnutrition found by me in the routine groups. Two of these cases were due to enlarged tonsils and adenoids; 1 to bad home circumstances: in 6 there was endocrine deficiency, and one of these was a Cretin: in 2 the parents were of very slight build; 1 was due to prematurity, and in 4 no cause could be found for the failure to thrive.

Malnutrition is not a serious problem in Rutland, in fact the nutrition of the Rutland school children has been described by the Medical Officers of the then Board (now the Ministry) of Education as remarkably good.

Of the 16 cases found in 1946 as many as 5 were classified as obese. Obesity is as much a sign of malnutrition as thinness, but does not depend on economic causes.

The number of children taking milk on the 9th October 1946, and the source of supply was as follows :-

<u>School</u>	<u>No taking Milk</u>	<u>Number Present</u>	<u>Source</u>
Ashwell	21	29	Dried Milk.
Barrowden	21	24	" "
Bisbrooke	13	13	" "
Braunston	17	24	Mr P. Cooper
Caldecott	13	19	Dried Milk
Cottesmore & Burley	60	71	Mrs Cavenagh
Hambleton	18	21	Dried Milk
Ketton	63	72	Mr G.H. Skinner
Langham	51	51	Melton Co-op. Society
Lyddington	13	25	Dried Milk
Market Overton	49	56	Mr J.E. Storey
North Luffenham	47	47	Dried Milk
Oakham Junior	105	112	Melton Co-op. Society
Oakham Infants	134	134	" " "
Ridlington	10	10	Dried Milk.
Tinwell	12	12	Mr F. Story
Uppingham C.E.	137	147	Mrs Cavenagh
Whissendine	50	51	Melton Co-op. Society
Morcott	30	31	Dried Milk
South Luffenham	31	31	Langham Dairy Co.
Cottesmore Sec.	45	103	Mrs Cavenagh
Oakham Secondary	175	243	Melton Co-op. Society
Uppingham Sec.	60	95	Mrs Cavenagh.

Thus 1,175 children out of 1,935 took milk, a percentage of 60.7.
Of the schools taking milk 9 were dependent on a supply of dried milk.

School dinners are provided at the following schools, the average number staying for the mid-day meal at each school being as follows :-

Ashwell	23	
Cottesmore C.E.	24	
Empingham	42	
Exton C.E.	19	
Exton R.C.	-	attend C.E. School for dinners
Gt Casterton C.E.	40	(attend Secondary School for dinners)
Ketton C.E.	38	
North Luffenham	30	
Market Overton	35	
Oakham Mixed	0	(Some visit British Restaurant)
South Luffenham	25	
Uppingham C.E.	25	(attend Secondary School for dinners)
Whissendine C.E.	42	
Wing	25	
Cottesmore Secondary	55	
Oakham Secondary	224	
Casterton Secondary	92	
Uppingham Secondary.	89	
Total :-		728

ENLARGED TONSILS AND ADENOIDS

Fifty-six children (27 boys and 29 girls) were found to be suffering from enlarged tonsils and adenoids to a degree justifying operation, and 18 required observation (4 boys and 14 girls). Together with cases left over from past years 71 received operative treatment during the year.

VISUAL DEFECTS

Mr S.H.G. Humfrey has continued to act as your Ophthalmic Surgeon. 75 cases were referred to him during the year. Glasses were thought necessary in 54, and provided in 54. Three children were operated on for squint at Northampton General Hospital by Mr Humfrey, and two children were operated on privately at the Leicester Royal Infirmary during the year.

DENTAL INSPECTION AND TREATMENT

For the greater part of the year under review no Dental Surgeon was working in the schools; then Mr MacTaggart was reappointed. The total number of children inspected was 644; 352 were found to require treatment, and 251 obtained it, a percentage of 71.3, as compared with a percentage of 69 in 1945, and of 63 in 1944. 27 permanent teeth but no temporary teeth were filled, and 29 permanent teeth and 382 temporary teeth were extracted. 20 other operations were performed, all on temporary teeth. No general anaesthetics were administered. Mr MacTaggart devoted 15 half-days to inspection, and 49 half-days to treatment.

An interesting article has recently appeared by Dr H.H. Neumann, who considers that endogenous factors, hormonal disturbances, racial susceptibility, deficiency in certain elements in soil, water, and food, vitamin deficiency, and the use of sugar are only contributory causes.

Dental caries is widespread wherever the British food habits are adopted. Neumann quotes the percentage of decayed, missing, and filled teeth in the following races :-

African Negroes	{	1	per cent
Australian Aborigines			
Melanesians			
Eskimos			
Southern Europe		15	per cent
South America		20	" "
Eastern Europe		25	" "
Northern Europe		25	" "
Ireland		35	" "
America: North Eastern		45	" "
Canada		55	" "
White South Africa		75	" "
England		65	" "
Australia		85	" "
New Zealand		90	" "

The Aboriginal Australian has a wonderful dental outfit, but if the Englishman's diet is adopted his teeth decay as rapidly as the Englishman's.

The same story is told as regards the Samoans.

Geologically England, Australia, and New Zealand are fundamentally different, but the bad state of the teeth are the same.

In South Africa the lack of lime and fluorine has been accused, but again the native races are immune. The overuse of starch, sugar, and vitamin deficiencies by civilised races cannot explain the excess, for the Samoans, the inhabitants of Central Europe, Italy, and Spain have good teeth although they consume much starch and sugar.

In New Zealand, where the teeth are the worst in the world, the diet consists of meat, cheese, milk, and eggs. The average New Zealander consumes 150 lbs of beef and 85 lbs of mutton per annum.

New Zealand food is soft and can be consumed without mastication.

New Zealand bread has a soft crust and is eaten in thin slices of 1/8th of an inch in thickness, while in Italy (where the teeth are good) bread is eaten in slices of 1 1/2 to 2 inches thick, and the crust is very tough. New Zealand is better provided with dentists than any other country in the world, which shows however excellent treatment may be, the incidence of any disease does not decrease.

This is amply demonstrated in other maladies. Venereal diseases are more prevalent than ever, and the same may be said for cancer, yet the treatment of these ailments is surprisingly good.

What then must we do? Sugar cane must be supplied instead of sugar, and the crust of bread must be well baked. Caution must be used at first, as the hard sugar cane may break the teeth.

As regards meat, the knife and fork must not be used too much.

Meat must be attacked by the teeth and not by the knife and fork.

It was not until good King Charles 11 golden days that the knife and fork came into use.

FLAT FEET

Apart from dental defects, the most prevalent defect found among school children is flat feet: no less than 214 cases were discovered among the 725 children examined in the routine and special groups, a percentage of 29.5. 109 were boys and 115 girls.

Printed forms of recommended exercises drawn up by the Manfield Orthopaedic Hospital Surgeons are now distributed to every case, and it would be advantageous if the Teacher of Physical Exercises would see that the teachers and children fully understand the form and the importance of these manoeuvres.

Much help is given by wedging up the inner side of the soles of the shoes. Knock knee was detected in four children.

UNDESCENDED TESTICLES

For many years I have been one of the few Medical Officers who have drawn attention to this defect. I found this year 11 cases.

In the great majority of cases this defect will right itself and only a few will require operative treatment. You have made arrangements for the treatment of this condition at the Rutland Memorial Hospital and Stamford Infirmary, and 1 case received operative treatment during the year, and also one of preputial adhesions.

PHIMOSIS

In five cases there were preputial adhesions which rendered circumcision desirable if not imperative. Two boys were circumcised during the year under your Scheme.

HYPOSPADIAS

This condition, which consists of an abnormality of the male urethra, was noted in three cases in the routine groups.

This defect requires very special experience to rectify, and our excellent Consultant Surgeons consider that it is better for a plastic Surgeon to operate.

HYDROCELE

This consists of a collection of fluid in the scrotum. It was detected in one case and a radical operation was successfully performed under your Scheme.

HERNIA, OR RUPTURE

This condition was discovered in two cases. There was also a case standing over from past years. Three operations were performed during the year.

DIPHTHERIA IMMUNISATION

This work is still being carried out as part of my duties as County Medical Officer. Enquiries were made at the medical inspections as to whether the child had been immunised by me or by other doctors in this or other counties. 690 cases in the routine age groups were investigated. 602 had been immunised, 44 had not yet been immunised, but their parents or guardians were considering the matter, and in 44 others no information was forthcoming owing to the absence of the relatives at the inspection or the youth of the child.

TUBERCULOSIS

There were three cases in which tuberculosis of the lung was suspected. They were referred for X-ray examination and tuberculin testing. In one a healed primary lesion was found of the other two, one was an asthmatic child, and the other showed fibroid change in the lungs.

WORK OUT OF SCHOOL HOURS

As in past years a note has been taken on the nature of any work performed by school children out of school hours. These notes do not include work carried out by school children in connection with the War Agricultural Committee.

I have notes of 60 cases, 44 being boys and 16 girls.

The occupations of the 44 boys and 16 girls were as follows :-

<u>Occupation</u>	<u>Boys</u>	<u>Girls</u>
Land Work	9	3
Butcher's assistant	7	2
Paper Round	8	3
Cinema	1	1
Chemist	1	0
Telegraph Boy	1	0
Baker's assistant	3	0
Milk Round	3	0
Attending Cows	1	0
Garden Boys	2	0
Errands	5	0
Hairdresser	1	0
Canteen Work	0	1
Nursing	0	2
Domestic service	0	3
Grocer's assistant	0	1
Doctor's errands	1	0
Carpenter	1	0
Total	44	16

It cannot be said that any of these children were suffering from the effects of the work which they undertook. One boy had bad eyesight, but he only worked for 7 hours a week as an errand boy. Three boys were very backward; 1 looked after cows for 23 hours a week, but the other two worked for only 4 and 7 hours respectively. Two children (1 boy and 1 girl) worked in cinemas. The girl worked 20 hours as an usherette, and the boy for 25 hours. They had no physical defects. One boy delivered telegrams for 20 hours a week. With these exceptions none of the children worked for excessive hours. 15-16 hours should, I think, be the upper limit. In my other County children are sent to me to be examined prior to their taking up work out of school hours. This is not done in Rutland and the question is left to your decision.

Not much of the work can be considered to be of great value to the children after they leave school - errand boys, paper distribution etc are only dead-end occupations.

It occurred to me towards the end of the year that it would be interesting to find out what occupations the scholars wished to take up on leaving school. I enquired of 40 children who were over 13 years of age. The occupation most favoured was that of a carpenter by 10 boys: the next was that of engineering, with 5 aspirants: the next domestic service by 4 girls, and one boy wanted to be a chef. Three boys wished to be motor mechanics, 2 wished to be gardeners, but none wanted to work on the land, nor wished to be soldiers, and only two wished to go into the Navy. The learned professions were only favoured by one girl who desired to take up teaching. Two of the girls wanted to be hairdressers, 2 wanted to be hospital nurses, and 1 a hospital ward maid. A certain amount of work now undertaken by scholars out of school hours, e.g., child nursing, domestic service, land work and carpentry will be useful to them in the future. Errand boy work and newspaper selling is not of much advantage, with the exception that it may help the accumulation of War Saving Certificates.

CHRISTOPHER ROLLESTON

(11)

Ketton
Stamford

